Billed Entity Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 162 of 319

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services		15	Contract Number (if available; us "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
<u> </u>			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an Att			pelow. Attachment # USFATCH0103
22	Entity/Entities Receiving this Service:	 a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s b. If the service is shared by all entities on a Block 4 	егуісе		3961 -
23	Calculations	(e.g. A-1)			

	Recu	rring Charges			Nor	n-Recurring C	harges		Total Charge	S
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000

4 4 \$	d Entic 1	pplicant #: 13	1976				Applie s F	Form Identi	fier: DM I	PS4710101		
ont	act Person:	: Greg Dav	vis				Phone Numb	er: 515-	242-7773			
LO	CK 5: Di	scount Fundin	g Reque	est(s)				Pa	ge 163 of 319		<u></u>	
strı mb	er the comp	e one Block 5 pag oleted pages to as	ge for EA sure that	CH serv	vice (Funding all processed	Request Num' correctly.	ber) for which y	ou are requ	esting discounts. M	ake as many copi	es of this page a	as necessary, and
<u> </u>	T #					(to be	e assigned by	v adminis	trator)			
	O Teleco	of Service (only (mmunications Se	rvices		ould be checken			15	Contract Number (in "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ices as	RFP#	00-48C
	Form 470 	Application Nu	Number: 70434000029662			0	16 Billing Account Number: (e.g. billed telephone number)			N/A		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		17	Allowable Vendor S Contract Date: (mm	election/	12/12	2/2000	
		rvice Provider tion Number:		143005247				18	Contract Award Date (mm/dd/yyyy)			2/2001
	143005247							19a	Service State Date (1	nm/dd/yyyy)		/2001
	S D							19b	Service End Date (m			/A
	Service Pr	ovider Name]	Gra	ıybar Electri	c	20	Contract Expiration (mm/dd/yyyy)	Date	06/30	0/2002
		n of this Service: lities Receiving thi	s	a. If Number of the second sec	t brand names. I the service is sit umber of the ent the service is sh	Label this descr te-specific (pro- tity from Block	vided to one site a 4 receiving this s	and not shared	of components and co nd note number in spa d by others), list the Er st the worksheet numb	ce provided below.	Attachment #	USFATCH0103
	Calculation	ns] (e.j	g. A-1)							
	ı						Nam		Charges		W1 4 1 671	
_		Recu	rring C	harges			Non	n-Recurring	Charges		Total Charges	5
	A	Recu B		harges	D	E	F	-Recurring G	H	I	J J	K
otal	A ly \$ charges amount for ervice)		Eligible pre-di-		# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	.],		H Annual eligible	I Total program year pre-discount \$ amount (E & H)		

	act Person:	pplicant #: 13 Greg Day				Applic s I Phone Numb	er: 515-2	42-7773			
LC	OCK 5: Di	scount Fundin	g Request(s)				Pag	e 164 of 319			
stri	er the comp	one Block 5 pag oleted pages to as	ge for EACH s sure that they	ervice (Funding are all processed	Request Num correctly.	ber) for which	you are reques	sting discounts. M	ake as many copie	es of this page a	is necessary, and
RN	N #	-		······································	(to be	e assigned by	y administr	rator)			
		of Service (only (mmunications Se	- •	should be check ternet Access	ed) ● Internal C	onnections	í	Contract Number (i. 'T'' if tariffed service month-to-month servicescribed in instruction	, "MTM" if ices as	RFP#	00-48C
	Form 470	Application Nu	mber:	704	34000029662	0	1 1	Billing Account No. e.g. billed telephor		N/A	
							17	Allowable Vendor S Contract Date: (mm	election/	12/12	/2000
3	i	rvice Provider			143005247	11 - 1994	18	Contract Award Da mm/dd/yyyy)		01/12	
					145005217		L	Service State Date (1	mm/dd/yyyy)	07/01	
								Service End Date (n		N	/A
	Service Pr	ovider Name		Gra	aybar Electri	c		Contract Expiration (mm/dd/yyyy)	Date	06/30	/2002
	Descriptio	n of this Service:					g breakdown o	f components and co d note number in spa		Attachment #	USFATCH010
3	Entity/Ent Service: Calculatio	ities Receiving thi	b.	Number of the en	tity from Block	4 receiving this	service.	by others), list the Er			
	<u> </u>	Recu	rring Charge	S		Nor	-Recurring (Charges		Total Charges	3
	A	В	C	D	E	F	G	Н	I	J	K
	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible month pre-discount amount (A minus B)	y # of months service provided in program year	Annual prediscount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
			0	0	0	25,000	0	25,000	25,000	50%	\$12,500

	<u> </u>						2.00					
Bille	d Entity A	pplicant #: 13	1976	-			Applic's I	orm Identif	ier: DM1	PS4710101		
Cont	act Person	Greg Dav	vis				Phone Numb	er: 515-2	242-7773			
BLC	OCK 5: Di	scount Funding	g Reque	st(s)				Pag	ge 165 of 319	······································		
Instri numl	er the comp	e one Block 5 pag bleted pages to ass	ge for EA	CH serv they are	ice (Funding all processed	Request Numb	per) for which y	ou are reque	sting discounts. Ma	ake as many cop	es of this page	as necessary, and
FRI	V #					(to be	assigned by	administ	rator)			
11		of Service (only (ould be checkenet Access	ed) • Internal Co	onnections		Contract Number (if "T" if tariffed service month-to-month servidescribed in instruction	, "MTM" if ces as	RFP#	00-48C
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Billing Account No (e.g. billed telephor	umber: ne number)	N	/A
									Allowable Vendor Se Contract Date: (mm		12/12	2/2000
13		rvice Provider tion Number:				143005247			Contract Award Dat (mm/dd/yyyy)			2/2001
									Service State Date (r Service End Date (m			/2001 /A
14	Service Pr	ovider Name			Gra	ybar Electric	<u> </u>	20	Contract Expiration (mm/dd/yyyy)			/A 0/2002
21	Descriptio	n of this Service:						g breakdown o	of components and cond note number in spa		Attachment	USFATCH0103
22	Entity/Ent Service:	ities Receiving thi	s	b. If t	mber of the ent	ity from Block	4 receiving this s	service.	by others), list the En			
23	Calculatio	ns		(c.չ	, A-1)							
	 	Recu	rring Ch	arges			Non	-Recurring	Charges		Total Charge	s
	A	В	C	,	D	E	F	G	Н	Ī	J	К
(total	nly \$ charges amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible i pre-dis amo (A mir	count unt	# of months service provided in program year	Annual pre- discount for eligible recurring charges	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	, ·	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)

0

Ó

0

0

0

15,000

0

15,000

15,000

80%

\$12,000

Billed E	! nt, .sp	pplicant #: 13	1976			Applic s F	orm Ident	ifier: DMI	PS4710101		
ontact	Person:	Greg Da	vis			Phone Numb	er: 515-	-242-7773			
LOCK	5: Di	scount Fundin	g Request(s)			Pa	ige 166 of 319			
structio mber tl	ons: Use he comp	one Block 5 pag leted pages to as	ge for EACH sure that they	service (Funding are all processed	Request Numb	per) for which y	ou are requ	esting discounts. M	ake as many copi	es of this page	as necessary, and
RN#						assigned by	z adminis	trator)			
	ategory o	of Service (only (ONE category	should be check		ussigned by	15	Contract Number (in		DED #	00-48C
О	Telecor	mmunications Se	rvices O I	nternet Access	• Internal Co	onnections		month-to-month servi described in instruction	ices as	KII #	-00-40C
Fo	orm 470	Application Nu	mber:	704:	340000296620)	16	Billing Account No. (e.g. billed telephor		N	//A
							17	Allowable Vendor S Contract Date: (mm	election/	12/12	2/2000
- 1		vice Provider ion Number:			143005247		18	Contract Award Da (mm/dd/yyyy)	te		2/2001
							19a	Service State Date (r			1/2001
					·-··		19b	Service End Date (m			//A
Se	rvice Pro	ovider Name		Gra	aybar Electric	2	20	Contract Expiration (mm/dd/yyyy)	Date	06/36	0/2002
D	Description of this Service: You MUST attach a description of relevant brand names. Label this de										
		or this out vice,								Attachment	# USFATCH010
En		ities Receiving thi	rele	If the service is si Number of the en	Label this descr te-specific (prov tity from Block	iption with an At vided to one site a 4 receiving this s	and not share service.	and note number in spa	ce provided below.	Attachment	# USFATCH010
En	ıtity/Ent		rele	If the service is si Number of the en If the service is sh	Label this descr te-specific (prov tity from Block	iption with an At vided to one site a 4 receiving this s	and not share service.	and note number in spa	ce provided below.	Attachment i	# USFATCH010
En Se	ıtity/Ent	ities Receiving thi	rele is a.	If the service is si Number of the en	Label this descr te-specific (prov tity from Block	iption with an At vided to one site a 4 receiving this s	and not share service.	and note number in spa	ce provided below.	Attachment	# USFATCH010
En Se	atity/Enti ervice:	ities Receiving thi	rele is a.	If the service is si Number of the en If the service is sh (e.g. A-1)	Label this descr te-specific (prov tity from Block	iption with an At vided to one site a 4 receiving this s ties on a Block 4	and not share service.	and note number in spa d by others), list the Er ist the worksheet numb	ce provided below.	Attachment	
En Se	ntity/Enti rvice: alculation	ities Receiving thi	rele is a. b.	If the service is si Number of the en If the service is sh (e.g. A-1)	Label this descr te-specific (prov tity from Block	iption with an At vided to one site a 4 receiving this s ties on a Block 4	and not share service. worksheet, I	and note number in spa d by others), list the Er ist the worksheet numb	ce provided below.		
En Se	alculation charges	ities Receiving thi ns Recu	reletis a. b.	If the service is si Number of the en If the service is sh (e.g. A-1) es D y # of months service provided in	Label this descr te-specific (prov tity from Block nared by all enti	iption with an At vided to one site a 4 receiving this s ties on a Block 4	tachment #, and not share service. worksheet, l	d by others), list the Er ist the worksheet numb Cliarges H Annual eligible pre-discount \$ amount for one-	ce provided below. 11ity 58932 - 12ier:	Total Charge	

	ľ										
Bille	ed Entity A	pplicant #: 131	976			Applici's	Form Iden	tifier: DMF	S4710101		
Con	act Person	Greg Dav	is			Phone Num	ber: 515	5-242-7773			
BLC	OCK 5: Di	scount Funding	Request(s)		1	P	Page 167 of 319			
Instr	uctions: Use per the comp	e one Block 5 pag pleted pages to ass	e for EACH ure that they	service (Funding are all processed	Request Num	nber) for which	you are req	uesting discounts. Ma	ike as many copi	ies of this page	as necessary, and
FRI	N #				(to be	e assigned b	y admini	strator)			
11		of Service (only C	- •				15	Contract Number (if "T" if tariffed service, month-to-month service described in instruction	"MTM" if	RFP	#00-48C
12	Form 47(Application Nu	mber:	704	134000029662	0	16	Billing Account Nu (e.g. billed telephon	e number)	I	N/A
							17	Allowable Vendor Se Contract Date: (mm		12/1	2/2000
13		rvice Provider tion Number:			143005247		18	Contract Award Dat (mm/dd/yyyy)	e	01/1	2/2001
							19a 19b	Service State Date (n Service End Date (m			1/2001 N/A
14	Service Pr	ovider Name			aybar Electri		20	Contract Expiration (mm/dd/yyyy)	Date		0/2002
21	Descriptio	n of this Service:						n of components and cos , and note number in space		Attachment	# USFATCH0103
22	Entity/Ent Service:	lities Receiving this	s a.	Number of the er	ntity from Block	4 receiving this	s service.	ed by others), list the En			
			b.	If the service is s (e.g. A-1)	shared by all ent	ities on a Block	4 worksheet,	list the worksheet number	er:		
23	Calculatio	ns	<u></u>								
		Recui	rring Charg	es		No	on-Recurrin	ig Charges		Total Charg	es
	A	В	С	D	E	F	G	Н	I	J	K

	Recu	rring Charges			Nor	n-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	15,000	0	15,000	15,000	50%	\$7,500	
										4 1,300	

BLO nstruc	act Person: Greg Davis					Form Identific		PS4710101		
nstruc					Phone Numb	er: 515-24	12-7773			
struc	CK 5: Discount Funding R	Request(s)			<u> </u>	Page	168 of 319			
	ctions: Use one Block 5 page for er the completed pages to assure	or EACH serve that they are	rice (Funding lall processed	Request Num correctly.	ber) for which y	you are reques	ting discounts. M	ake as many copi	es of this page a	is necessary, and
RN	#	<u> </u>	 ·	(to be	assigned by	y administr	ator)			
	Category of Service (only ONI O Telecommunications Service	0 1				15 C	ontract Number (if a service south-to-month services on the to-month services or instruction to the total services of the total serv	e, "MTM" if ices as	RFP#	00-48C
	Form 470 Application Numb	er:	70.43	7.4000020442	n	16 B	illing Account N	umber:	N	/A
	70434000029				U	17 A	(e.g. billed telephone number) Allowable Vendor Selection/ Contract Date: (mm/dd/yyan)			
1	SPIN – Service Provider Identification Number:	1 1000 00 15		18 C	Contract Date: (mm/dd/yyyy) 12/12/2000 Contract Award Date					
	identification Number:]	143005247			nm/dd/yyyy) ervice State Date (1	mm/dd/ssysy)	01/12 07/01	
}							ervice End Date (n			/A.
	Service Provider Name		Gra	ybar Electri	e	20 C	ontract Expiration nm/dd/yyyy)			0/2002
_										
	Description of this Service:						components and co note number in spa		Attachment #	USFATCH019
	Description of this Service: Entity/Entities Receiving this Service:	relevan	t brand names. I	Label this descrite-specific (pro	ription with an At	ttachment #, and		ce provided below.	Attachment #	USFATCH01
	Entity/Entities Receiving this	a. If	t brand names. I the service is sit umber of the ent the service is sh	Label this descr te-specific (pro tity from Block	ription with an At wided to one site a 4 receiving this	and not shared b	note number in spa	ntity 58960 -	Attachment #	USFATCH019
	Entity/Entities Receiving this	a. If	t brand names. I the service is sit umber of the ent	Label this descr te-specific (pro tity from Block	ription with an At wided to one site a 4 receiving this	and not shared b	note number in spa y others), list the Er	ntity 58960 -	Attachment #	USFATCH019
	Entity/Entities Receiving this Service:	a. If	t brand names. I the service is sit umber of the ent the service is sh	Label this descr te-specific (pro tity from Block	iption with an Al vided to one site a 4 receiving this s ties on a Block 4	and not shared b	note number in spa y others), list the Er the worksheet numb	ntity 58960 -	Attachment #	USFATCH019
	Entity/Entities Receiving this Service:	a. If No b. If (e.	t brand names. I the service is sit umber of the ent the service is sh	Label this descr te-specific (pro tity from Block	iption with an Al vided to one site a 4 receiving this s ties on a Block 4	and not shared be service. worksheet, list (note number in spa y others), list the Er the worksheet numb	ntity 58960 -		
otal a	Entity/Entities Receiving this Service: Calculations Recurring A B y \$ charges amount for samount in (A) is ineligible?	a. If No b. If (e.,) ng Charges	t brand names. I the service is sit umber of the ent the service is sh g. A-1)	Label this descr te-specific (pro tity from Block ared by all enti	ription with an Al vided to one site a 4 receiving this s ties on a Block 4	and not shared beervice. worksheet, list	note number in spa y others), list the Er the worksheet numb	ntity 58960 -	Total Charges	3

Billed Entuy Applicant #: 131976	Applicant's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 169 of 319
Instructions: Use one Block 5 page for EACH service (Funding Request Num	iber) for which you are requesting discounts. Make as many copies of this page as necessary, and

FRI	N #	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked) O Internet Access • Internal Connections	15	Contract Number (if available; u "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN - Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
_			19a 19b	Service State Date (mm/dd/yyyy) Service End Date (mm/dd/yyyy)	07/01/2001 N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		n of components and costs, plus any	pelow. Attachment # <u>USFATCH0103</u>
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	ervice.		954 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	40,000	0	40,000	40,000	80%	\$32,000

		oplicant #: 13					Applicant's Form Identifier: DMPS4710101 Phone Number: 515-242-7773						
ontac	t Person:	Greg Dav	vis				Phone Numb	er: 515-2	242-7773				
LOC	CK 5: Di	scount Fundin	g Requ	est(s)				Pa	ge 170 of 319				
struct mber	tions: Use the comp	one Block 5 pag leted pages to as	e for EA	CH serv they are	ice (Funding I all processed	Request Num	ber) for which y	ou are reque	esting discounts. M	ake as many copi	es of this page a	as necessary, an	
RN /	#					(to b	e assigned by	/ administ	rator)			<u></u>	
Ì		of Service (only on munications Se			ould be checke			15	Contract Number (i. "T" if tariffed service month-to-month services	, "MTM" if ices as	RFP #	00-48C	
- 	Form 470	Application Nu	mber:		70.4		^	16	described in instruction	umber:	N/A		
					7043	34000029662	U	17	(e.g. billed telephor Allowable Vendor S Contract Date: (mm	election/	12/12	///	
- 1		vice Provider ion Number:				42005247		18	Contract Award Da (mm/dd/yyyy)			2/2000	
-	-acmineat	ion runnoci,	ļ			143005247		19a	Service State Date (1	nm/dd/yyyy)	01/12 07/01		
			·					19b	Service End Date (n			/A	
	Service Pro	ovider Name			Gra	ybar Electri	c	20	Contract Expiration (mm/dd/yyyy)	Date	06/30	/2002	
	Description	of this Service:						g breakdown	of components and cond note number in spa		Attachment #	# USFATCH01	
	Entity/Ent Service:	ities Receiving thi	IS				ed to one site and 4 receiving this s		others), list the Entity	y 58950 –			
		į.			service is share g. A-1)	d by all entities	s on a Block 4 wo	rksheet, list th	e worksheet number:				
- 1	Calculation	ns			h								
1											Total Change		
		Recu	rring Cl	harges			Non	-Recurring	Charges	•	Total Charges	S	
	Ā	Recu B		harges	D	E	Non F	-Recurring G	Charges	I	J J	K	
ionthly total ar	A S charges mount for vice)		Eligible pre-dia	C monthly	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	<u> </u>		H f Annual eligible	Total program year pre-discount \$ amount (E & 11)			

B LO Instru	act Person:	Greg Dav	976			Appli s I Phone Numb	Form Identifi	42-7773	PS4710101	·		
nstru	CK 5: Discount					- FIIOHE MUHO				<u>.</u>		
umb 								e 171 of 319				
	er the completed p	pages to ass	e for EACH secure that they a	rvice (Funding re all processed	Request Numl correctly.	ber) for which y	you are reque:	sting discounts. M	ake as many copi	es of this page a	is necessary, and	
RN					(to be	assigned by						
	Category of Serv O Telecommuni		-	hould be checkernet Access	ed) ● Internal C	onnections	ı	Contract Number (in The Table 1) To a service month-to-month services in instruction in the table 1) The Table 1 in the Table	, "MTM" if ices as	RFP #	00-48C	
2	Form 470 Application Number: 704340000)		Billing Account N e.g. billed telephor		N/A		
							17	Allowable Vendor S Contract Date: (mn	election/	12/12/2000		
3	SPIN – Service Pr Identification Nu				143005247		18	Contract Award Da mm/dd/yyyy)			2/2001	
	, w 1 1 1 1				17JUUJ 47 (Service State Date (1	mm/dd/yyyy)		/2001	
								Service End Date (n		N	/A	
	Service Provider	r Name	1	Gra	aybar Electric	2		Contract Expiration mm/dd/yyyy)	Date	06/30	/2002	
	Description of this	via Carrilana	7/									
	bescription of this	iis Service:						f components and co d note number in spa		Attachment #	USFATCH010	
	Entity/Entities Re Service:		releva	f the service is single of the en	Label this descr te-specific (prov tity from Block	vided to one site at receiving this	and not shared service.	d note number in spa	ce provided below.	Attachment #	USFATCH010	
	Entity/Entities Re Service:		relevation in the second secon	f the service is single of the en	Label this descr te-specific (prov tity from Block	vided to one site at receiving this	and not shared service.	d note number in spa	ce provided below.	Attachment #	USFATCH010	
-	Entity/Entities Re		relevation in the second secon	f the service is sinumber of the enforce is should be service in the service is should be service in the service is should be service in the service in the service in the service is should be service in the service i	Label this descr te-specific (prov tity from Block	vided to one site at receiving this	and not shared service.	d note number in spa	ce provided below.	Attachment #	USFATCH010	
	Entity/Entities Re Service:	Receiving this	relevation in the second secon	f the service is single the service is single the end of the end of the service is sheeg. A-1)	Label this descr te-specific (prov tity from Block	iption with an Al vided to one site 4 receiving this ties on a Block 4	and not shared service.	d note number in spa by others), list the Er the worksheet numb	ce provided below.	Attachment #	USFATCH010	
2	Entity/Entities Re Service:	Receiving this	releva	f the service is single the service is single the end of the end of the service is sheeg. A-1)	Label this descr te-specific (prov tity from Block	iption with an Al vided to one site 4 receiving this ties on a Block 4	ttachment #, an and not shared service. worksheet, list	d note number in spa by others), list the Er the worksheet numb	ce provided below.			
onth	Entity/Entities Re Service: Calculations A ly \$ charges How n amount for \$ amo	Receiving this	b. (cring Charges	f the service is sinumber of the end f the service is she.g. A-1)	Label this descr te-specific (prov tity from Block nared by all enti	iption with an Alvided to one site 4 receiving this sties on a Block 4	and not shared service. worksheet, list	d note number in spath by others), list the Er the worksheet numb Charges	ce provided below. tity 58964 – er:	Total Charge	S	

Bille	d Entity Ap	oplicant #: 13	1976				Applicant's F	orm Identif	ier: DMI	PS4710101		
Cont	act Person:	Greg Day	vis				Phone Numb	er: 515-2	242-7773			
BLC	CK 5: Di	scount Funding	g Requ	est(s)			····	Pag	ge 172 of 319			
Instru	etions: Use	one Block 5 pag leted pages to as	ge for EA	CH serv	ice (Funding l	Request Numb	per) for which y	ou are reque	sting discounts. Ma	_	ies of this page	as necessary, and
FRN							assigned by	administ	rator)	6		
11	·	of Service (only (ONE cate	egory sho	ould be checke		assigned by	15	Contract Number (if "T" if tariffed service		RFP#	00-48C
	O Telecor	nmunications Se	rvices	O Intern	iet Access	• Internal Co	described in instructions)					}
12	Form 470	Application Nu	mber:		7043	340000296620	16 Billing Account Number:			N	/A	
							17 Allowable Vendor Selection/				12/12	2/2000
13		vice Provider ion Number:		L	1	143005247	·····	1 ;	Contract Award Dat (mm/dd/yyyy)	te		2/2001
					•	100002			Service State Date (1		07/01	/2001
	6 ! 5			<u></u>		·			Service End Date (m			/A
14		ovider Name				ybar Electric	(mm/dd/yyyy)					0/2002
21	Description	of this Service:	•	You MI relevant	JST attach a de brand names. I	scription of the Label this descr	service, includin	g breakdown tachment #, a	of components and cond note number in spa	sts, plus any ce provided below	. Attachment	# USFATCH0103
22	Entity/Ent Service:	ities Receiving thi	İs	Nu	mber of the ent	tity from Block	4 receiving this s	service.	by others), list the Er	ļ		
					he service is sh g. A-1)	ared by all entit	ties on a Block 4	worksheet, lis	t the worksheet numb	er:		
23	Calculation	ns	-									
		Recu	rring C	harges			Non	-Recurring	Charges		Total Charge	s
	A B C D E						F	G	Н	I	J	К
(total	(total amount for service) \$ amount in (A) pre-discount service provided in cligible? (A minus B) program year charges (C x D)					recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is incligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0 0 0 0						0	15,000	0	15,000	15,000	80%	\$12,000

Bille	d Entity A	pplicant #: 13	1976				Applicant s F	Form Identi	fier: DM	PS4710101		
	act Person:						Phone Numb		242-7773			
3LO	CK 5: Di	scount Fundin	g Reques	st(s)	·			Pa	ge 173 of 319	<u> </u>		
nstri umb	octions: Use oer the comp	e one Block 5 pag oleted pages to as	ge for EAC sure that the	CH servi	ce (Funding l	Request Num	ber) for which y	ou are requ	esting discounts. M	ake as many copie	es of this page a	is necessary, and
RN	N #					(to be	e assigned by	/ adminis	trator)	· · · · · · · · · · · · · · · · · · ·		r
1	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Inter Form 470 Application Number:						Connections	15	Contract Number (i "T" if tariffed service month-to-month servicescribed in instruction	, "MTM" if ices as	RFP#	00-48C
2	Form 470	Application Nu		7043	34000029662	0	16	Billing Account Number: N/A (e.g. billed telephone number)			/A	
							17	Allowable Vendor S Contract Date: (mm	election/	12/12	2/2000	
	1	rvice Provider tion Number:				143005247		18	Contract Award Da (mm/dd/yyyy)	te	01/12	2/2001
	İ							19a	Service State Date (1			/2001
	0 1 5							19b	Service End Date (n			/ A
	Service Pr	ovider Name			Gra	ybar Electri	c				0/2002	
	Descriptio	n of this Service:							of components and co and note number in spa		Attachment #	USFATCH010
	Entity/Ent Service:	tities Receiving thi	is	Nu	mber of the ent	ity from Block	4 receiving this s	ervice	d by others), list the Er			
— I	Calculation				ne service is sh . A-1)	ared by all ent	ities on a Block 4	worksheet, li	st the worksheet numb	er:		
	Calculatio		rring Ch	0 W(TOS			Non	-Recurring	Chargas		Total Charges	
	A	В	C		D	E	F	G	H	I	J	K
onth	nly \$ charges	How much of the			# of months	Annual pre-	Annual non-	How much o	·	Total program	% discount	Funding
lotal	tal amount for service) service) service) service) service) service) service discount provided in eligible (A minus B) program year recurring charge: (C x D)					discount for eligible recurring charges (C x D)	recurring (one time) \$ charges	the \$ amoun in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	year pre-discount \$ amount (E & H)	(from Block 4 worksheet)	Commitment S Request (1 x J)
	0	0	0		0	0	15,000	0	15,000	15,000	50%	\$7,500

¥ 1

Bille	d Entry A	oplicant #: 13	1976	<u> </u>			Applic's F	orm Identi	fier: DMI	PS4710101			
Cont	act Person:	Greg Dav	vis				Phone Numb	er: 515-	242-7773				
BLO	CK 5: Di	scount Funding	g Reque	st(s)				Pa	ge 174 of 319	,			
Instru numb	er the comp	one Block 5 pag leted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb	per) for which y	you are requ	esting discounts. M	ake as many cop	ies of this page	as necessary, and	
FRN							assigned by	adminis	trator)				
11		of Service (only (ed) ● Internal Ce	onnections	15	Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #	600-48C	
12	Form 470	Application Nu	mber:		7043	340000296620)	16	Billing Account No (e.g. billed telephor	ne number)	N/A		
								17	Allowable Vendor S Contract Date: (mm	v/dd/yyyy)	12/12	2/2000	
13	,	vice Provider ion Number:				143005247		18	Contract Award Date (mm/dd/yyyy)	te	01/1:	2/2001	
								19a	Service State Date (1			1/2001	
14	Comice D.	ovider Name			~			19b	Service End Date (m			I/A	
14	Service Pr	ovider Name			Gra	ybar Electric	,	20	Contract Expiration (mm/dd/yyyy)	Date	06/30	0/2002	
21	Description	of this Service:							of components and co and note number in spa		Attachment	# USFATCH0103	
22	Entity/Ent Service:	ities Receiving thi	is	b. If t	mber of the ent he service is sh	ity from Block	4 receiving this s	service.	d by others), list the Er		_		
23	Calculatio	ns		(6.8	g. A-1)					<u> </u>			
	<u> </u>	Recu	rring Cl	arges			Non	-Recurring	Charges		Total Charge	S	
	A	В	C		D	E	F	G	Н	I	J	K	
(total amount for service) \$ amount in (A) pre-discount service discount for is ineligible? amount provided in program year recurring charges (C x D)						recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amour in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	worksheet)	Funding Commitment \$ Request (I x J)	
	0 0 0 0						15,000	0	15,000	15,000	40%	\$6,000	

. 9

Billed Entity Applicant #: 131976	Applicant's Form	dentifier:	DMPS4710101	
Contact Person: Greg Davis	Phone Number:	515-242-7773		
BLOCK 5: Discount Funding Request(s)	1	Page 175 o	f 319	

FRN	[#	(to be assigned by	admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; to "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy	<u> </u>
		<u> </u>	19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includin relevant brand names. Label this description with an At		n of components and costs, plus any	1
22	Entity/Entities Receiving this Service:	If the service is site-specific (provided to one site a Number of the entity from Block 4 receiving this s	ervice.		8940 -
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations			••••	

	Recu	rring Charges			Nor	n-Recurring C	harges	Total Charges			
A	В	С	D	E	F	G	Н	I	J	K	1.
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
0	0	0	0	0	40,000	0	40,000	40,000	50%	\$20,000	

	•											
Bille	d Entity A	pplicant #: 13	1976		, , , , , , , , , , , , , , , , , , , ,		Applicant's F	orm Identifi	er: DMI	PS4710101		
Cont	act Person:	Greg Day	vis				Phone Numb	er: 515-2	42-7773			
BLO	CK 5: Di	scount Fundin	g Reque	est(s)		l_		Pag	e 176 of 319			
Instru numb	er the comp	one Block 5 pag leted pages to ass	e for EA sure that	CH serv they are	ice (Funding lall processed	Request Numb	er) for which 3	ou are reques	sting discounts. Ma	ake as many copie	es of this page	as necessary, and
FRN	V #					(to be	assigned by	administr	rator)			
11		of Service (only (mmunications Se						15 G	Contract Number (if T" if tariffed service, nonth-to-month servi lescribed in instruction	, "MTM" if ces as	RFP #	00-48C
12	Form 470 Application Number: 7043400002							16 I	Billing Account Nu e.g. billed telephon	ımber: ne number)	N	/A
							17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy) 12/12					2/2000
13		rvice Provider ion Number:				143005247			Contract Award Dat mm/dd/yyyy)	e		2/2001
	ļ								Service State Date (r			1/2001
14	Service Pr	ovider Name				- Low Plant :	ric 20 Contract Expiration Date (mm/dd/yyyy) N/A					
						ybar Electric			mm/dd/yyyy)		U0/30	3/2002
21	Description	n of this Service:							f components and cond d note number in spa		Attachment	# <u>USFATCH0103</u>
22	Entity/Ent Service:	ities Receiving thi	s	Ni	imber of the ent	ity from Block	4 receiving this s	ervice.	y others), list the Ent	ity 184709 -		
	!				service is share g. A-1)	d by all entities	on a Block 4 wo	rksheet, list the	worksheet number:			
23	Calculatio	ns							:			
		Recu	rring C	harges			Non	-Recurring (Charges		Total Charge	s
	A B C D E						F	G	Н	Ī	J	K
Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible? How much of the \$ amount in (A) is ineligible? How much of the \$ amount in (A) pre-discount amount (A minus B) Fligible monthly pre-discount amount (A minus B) Frogram year charges (C x D)					discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)	
	0 0 0 0 0					0	15,000	0	15,000	15,000	60%	\$9,000

							2.0					
Bille	d Entiry Aj	pplicant #: 13	1976				Applic s F	orm Identif	ier: DMI	PS4710101		
Cont	act Person:	Greg Dav	vis				Phone Numb	er: 515-2	42-7773			
BLC	OCK 5: Di	scount Fundin	g Reque	st(s)		l.		Pag	ge 177 of 319	<u> </u>		
Instru numb	ections: Use per the comp	one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Numb correctly.	per) for which y	ou are reque	sting discounts. Ma	ake as many copie	s of this page a	is necessary, and
FRN	l #					(to be	assigned by					
11		of Service (only (ed) • Internal Co	onnections		Contract Number (if "T" if tariffed service, month-to-month servidescribed in instruction	"MTM" if ces as	RFP#	00-48C
12	Form 470 Application Number: 7043400002)	16	Billing Account Nu (e.g. billed telephon	N	/A	
·									Allowable Vendor So Contract Date: (mm		12/12	2/2000
13		rvice Provider ion Number:				143005247		1 1	Contract Award Dat (mm/dd/yyyy)	e	01/12	2/2001
								<u> </u>	Service State Date (n		07/01/2001	
							19b Service End Date (mm/dd/yyyy) N/A					
14		ovider Name				ybar Electric			Contract Expiration (mm/dd/yyyy)		06/30)/2002
21	Description	n of this Service:		You Mi relevant	JST attach a de brand names. l	scription of the Label this descr	service, includin iption with an At	g breakdown o tachment #, an	of components and cos ad note number in space	sts, plus any ce provided below.	Attachment #	USFATCH0103
22	Entity/Ent Service:	ities Receiving thi	is				vided to one site a		by others), list the En	tity 58975 –		
				b. If					t the worksheet number	er:		
23	Calculatio	ns										
		Recu	rring Cl	narges			Non	-Recurring	Charges		Total Charge	s
	A B C D E						F	G	Н	I	J	K
Monthly \$ charges (total amount for service) How much of the \$ amount in (A) is ineligible? (A minus B) Program year of months service discount provided in program year charges (C x D) O O O O O O					discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?		Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J) \$24,000	
	٠	U		,	1 '	v	+0,000	U	70,000	40,000	0070	φ4 4 ,000

		_ e			
Bille	ed Entity Applicant #: 131976	Applicant's F	orm Ider	ntifier: DMPS4710101	
Cont	act Person: Greg Davis	Phone Number	er: 51	5-242-7773	
BLC	OCK 5: Discount Funding Request(s)			Page 178 of 319	
Instru numb	uctions: Use one Block 5 page for EACH service (Funding Requer the completed pages to assure that they are all processed cor	uest Number) for which y rectly.	ou are rec	questing discounts. Make as many cop	ies of this page as necessary, and
FRN	N #	(to be assigned by	admin	istrator)	
11	Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access	Internal Connections	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number: 704340	000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number: 143	005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001

	•	relevant brand names. Label this description with an Attachment #, and note number in space provid	ed below.
22	Entity/Entities Receiving this	a. If the service is site-specific (provided to one site and not shared by others), list the Entity	5894

Graybar Electric

a. If the service is site-specific (provided to one site and not shared by others), list the Entity 58943 -Number of the entity from Block 4 receiving this service.

19b

20

Service End Date (mm/dd/yyyy)

Contract Expiration Date

(mm/dd/yyyy)

N/A

06/30/2002

Attachment # USFATCH0103

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number: (e.g. A-1)

You MUST attach a description of the service, including breakdown of components and costs, plus any

23 Calculations

Service:

Service Provider Name

Description of this Service:

14

	Non-Recurring Charges			Total Charges						
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	50%	\$7,500

Billed Ent. Applicant #: 131976	Applic. s Form Identifier: DMPS4710101	
Contact Person: Greg Davis	Phone Number: 515-242-7773	
BLOCK 5: Discount Funding Request(s)	Page 179 of 319	

FR	N#	(to be assigned by	y admini	istrator)	
11	Category of Service (only ONE ca O Telecommunications Services	,	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:			Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
		<u></u>	19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, including relevant brand names. Label this description with an A		n of components and costs, plus any	low. Attachment # USFATCH0103
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	85 -		
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)	worksheet,	list the worksheet number:	
23	Calculations				

	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	К
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	80%	\$12,000

	(A					
Bille	ed Entity Applicant #: 131976		Applicant's Form	n Ider	ntifier: DMPS4710101	
Con	tact Person: Greg Davis	Davis ing Request(s) page for EACH service (Funding Request Nu assure that they are all processed correctly. (to Day ONE category should be checked) Services O Internet Access Internal Number:	Phone Number:	51	5-242-7773	
BLC	OCK 5: Discount Funding Reque	est(s)				
Instri numl	uctions: Use one Block 5 page for EA ber the completed pages to assure that	CH service (Funding Request Nurthey are all processed correctly.	nber) for which you	are red	questing discounts. Make as many cop	ies of this page as necessary, and
FRI	N #	(to l	be assigned by a	dmin	istrator)	
11			Connections 1		Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	7043400002966	20	16	Billing Account Number: (e.g. billed telephone number)	N/A
				17	Allowable Vendor Selection/	

				Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247	18	Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, incl	uding breakdow		

relevant brand names. Label this description with an Attachment #, and note number in space provided below.

22 Entity/Entities Receiving this Service:

a. If the service is site-specific (provided to one site and not shared by others), list the Entity

Number of the entity from Block 4 receiving this service.

b. If the service is shared by all entities on a Block 4 worksheet, list the worksheet number:

(e.g. A-1)

Attachment # USFATCH0103

23 Calculations

-	Recu	rring Charges			Non-Recurring Charges			Total Charges		
A	В	C	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)
0	0	0	0	0	15,000	0	15,000	15,000	50%	\$7,500

	Applicant #: 13	1976				Appı. c's F	Form Identif	fier: DM1	PS4710101			
Contact Pers	son: Greg Day	/is				Phone Numb	er: 515-7	242-7773				
LOCK 5:	Discount Funding	g Reque	est(s)				Pa	ge 181 of 319				
structions: umber the c	Use one Block 5 pag completed pages to ass	e for EA	CH servi they are	ce (Funding I all processed	Request Num correctly.	ber) for which y	ou are reque	esting discounts. M	ake as many copi	es of this page a	as necessary, and	
RN#			<u> </u>		(to be	e assigned by	administ	rator)				
İ	ory of Service (only (ould be checke net Access	ed) • Internal C	onnections	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)			RFP #00-48C		
2 Form	470 Application Nu	mber:		7043	34000029662	0		Billing Account No. (e.g. billed telephor		N	/A	
				, 5 15	100002,002		17	Allowable Vendor Se Contract Date: (mm	election/	12/12/2000		
1	Service Provider ification Number:			1	43005247		18	Contract Award Dat (mm/dd/yyyy)		01/12/2001		
		1		•	75005277		h	Service State Date (r	mm/dd/yyyy)	07/01/2001		
							Service End Date (m		N/A			
Service	Service Provider Name Graybar El					c		Contract Expiration (mm/dd/yyyy)	Date	06/30/2002		
Descri	iption of this Service:						g breakdown	of components and connd note number in span		Attachment #	USFATCH010	
Entity, Service	/Entities Receiving thi	S	Nu	mber of the ent	ity from Block	4 receiving this s	service.	l by others), list the En				
				he service is sha . A-1)	ared by all enti	ities on a Block 4	worksheet, lis	st the worksheet numb	er:			
	lations											
Calcul								1	Total Charges			
Caicul	Recu	rring Ch	narges			Non	-Recurring	Charges	<u></u> _	Total Charge:	s	
A Calcul	Recu	rring Ch		D	E	Non F	-Recurring G	H	I	Total Charges	s K	
	B ges How much of the	Eligible i pre-dis amo	monthly scount	# of months service provided in program year	E Annual prediscount for eligible recurring charges (C x D)			H f Annual eligible	Total program year pre-discount \$ amount (E & 11)			

お がいれたがい まても ないこったも

Billed En., Applicant #: 131976	Appl's Form Identifier: DMPS4710101
Contact Person: Greg Davis	Phone Number: 515-242-7773
BLOCK 5: Discount Funding Request(s)	Page 182 of 319

FR	N #	(to be assigned by	y admini	strator)	
11	Category of Service (only ONE cat O Telecommunications Services	egory should be checked)	15	Contract Number (if available; use "T" if tariffed service, "MTM" if month-to-month services as described in instructions)	RFP #00-48C
12	Form 470 Application Number:	704340000296620	16	Billing Account Number: (e.g. billed telephone number)	N/A
			17	Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)	12/12/2000
13	SPIN – Service Provider Identification Number:	143005247		Contract Award Date (mm/dd/yyyy)	01/12/2001
			19a	Service State Date (mm/dd/yyyy)	07/01/2001
			19b	Service End Date (mm/dd/yyyy)	N/A
14	Service Provider Name	Graybar Electric	20	Contract Expiration Date (mm/dd/yyyy)	06/30/2002
21	Description of this Service:	You MUST attach a description of the service, includir relevant brand names. Label this description with an A		n of components and costs, plus any	ow. Attachment # USFATCH0103
22	Entity/Entities Receiving this Service:	a. If the service is site-specific (provided to one site Number of the entity from Block 4 receiving this	79 -		
		b. If the service is shared by all entities on a Block 4 (e.g. A-1)		list the worksheet number:	
23	Calculations				

	Recu	rring Charges	-		Non-Recurring Charges			Total Charges		
A	В	С	D	E	F	G	Н	I	J	K
Monthly \$ charges (total amount for service)	How much of the \$ amount in (A) is ineligible?	Eligible monthly pre-discount amount (A minus B)	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (1 x J)
0	0	0	0	0	15,000	0	15,000	15,000	90%	\$13,500

	7.					, em								
Bille	ed En A	oplicant #: 131	976			App's Form Identifier: DMPS4710101								
Con	tact Person:	Greg Day	ris		-	Phone Number: 515-242-7773								
BLC	OCK 5: Di	scount Funding	Request(s)			Pa	age 183 of 319						
Instr numl	uctions: Use ber the comp	one Block 5 pag leted pages to ass	e for EACH sure that the	service (Funding y are all processed	Request Numb	ber) for which y	you are requ	esting discounts. M	ake as many cop	es of this page	as necessary, and			
FRI	N #				(to be	assigned by	adminis	trator)			-			
11	11 Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access • Internal C						15	Contract Number (in "T" if tariffed service month-to-month services described in instruction	, "MTM" if ices as	RFP #00-48C				
12	Form 470 Application Number:			704	340000296620)	16	Billing Account Number: (e.g. billed telephone number)		N/A				
						17 Allowable Vendor Selection/ Contract Date: (mm/dd/yyyy)				12/12/2000				
13	SPIN - Service Provider Identification Number:			143005247			18	Contract Award Da (mm/dd/yyyy)		01/12/2001				
							19a 19b	Service State Date (n Service End Date (n		07/01/2001 N/A				
14	Service Provider Name			Gr	e	20	Contract Expiration (mm/dd/yyyy)		06/30/2002					
21	Description	Description of this Service: You MUST attach a description of t relevant brand names. Label this des						of components and co		Attachment	# USFATCH0103			
22	Entity/Ent Service:	ities Receiving thi		Number of the en	tity from Block	4 receiving this s	service.	ed by others), list the Er						
 .			b.	If the service is sl (e.g. A-1)	nared by all enti	ties on a Block 4	worksheet, l	ist the worksheet numb	ег:					
23	Calculatio	ns												
		Recu	rring Char	ges		Non-Recurring Charges			Total Charges		s			
A B C D E					E	F	G	Н	I	J	K			
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	Eligible mor pre-discou amount (A minus	nt service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much the \$ amou in (F) is ineligible	nt pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)			
0		0	0	0	0	50,000	0	50,000	50,000	60%	\$30,000			

	fi i														
Bille	$\overline{\operatorname{d}\operatorname{En}}_{L_{\mathcal{F}}}\overline{\operatorname{A}}_{\mathbb{I}}$	oplicant #: 131	1976				Applicant's Form Identifier: DMPS4710101								
Cont	act Person:	Greg Day	ris				Phone Number: 515-242-7773								
BLO	CK 5: Di	scount Funding	g Reques	t(s)			Page 184 of 319								
Instru numb	er the comp	one Block 5 pag leted pages to ass	e for EAC aure that th	H serv	ice (Funding all processed	Request Numb correctly.	per) for which y	you are reques	ting discounts. Ma	ake as many co	oies of this page	as necessary, and			
FRN	I #					(to be	assigned by	v administr	ator)						
Category of Service (only ONE category should be checked) O Telecommunications Services O Internet Access Internal C								15 C	Contract Number (if T" if tariffed service, nonth-to-month servi	, "MTM" if ces as	RFP #00-48C				
12						704340000296620			described in instructions) Billing Account Number: (e.g. billed telephone number)		N/A				
								17	Allowable Vendor Se Contract Date: (mm	election/	12/12/2000				
13	13 SPIN – Service Provider Identification Number:			143005247				(Contract Award Dat mm/dd/yyyy)		01/12/2001				
								Service State Date (n		07/01/2001					
14	Service Pr	ovider Name				1 T014 *			Service End Date (m Contract Expiration		N/A				
	Service Provider Name Graybar Electr							(mm/dd/yyyy)		06/30/2002				
21	Description of this Service: You MUST attach a description of relevant brand names. Label this de										Attachment	# USFATCH0103			
22					mber of the ent	ity from Block	vided to one site a 4 receiving this s	service.		-					
			1		he service is sh ,A-1)	ared by all entit	ies on a Block 4	worksheet, list	the worksheet number	er:					
23	Calculatio	ns													
Recurring Charges								Non-Recurring Charges			Total Charges				
A B C D E					E	F	G	Н	I	j	K				
(total amount for service) \$ amount in (A) pr			Eligible me pre-disce amour (A minu	ount nt	# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non-recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	Annual eligible pre-discount \$ amount for one-time charges (F minus G)	Total program year pre-discoun \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)			
	0				v I	U	43,000		43,000	43,000	1 0070	: 34U.UUU I			

Bille	$\frac{1}{\text{ed En}} = \frac{1}{\text{At}}$	pplicant #: 13	1076				Ann. t'e F	Corm Identifi	er: DM1	PS/710101					
	act Person:						Appı. "t's Form Identifier: DMPS4710101								
							Phone Number: 515-242-7773								
		scount Fundin					Page 185 of 319								
lnstn numl	actions: Use per the comp	e one Block 5 pag eleted pages to as	ge for EA sure that	CH serv they are	ice (Funding all processed	Request Num correctly.	ber) for which y	you are reques	ting discounts. M	ake as many	copies of this pag	e as necessary, and			
FRI	N #			_,		(to be	e assigned by	y administr	rator)						
11	O Telecommunications Services O Internet Access • International Internations						Connections 15 Contract Number (if availa "T" if tariffed service, "MT! month-to-month services as			, "MTM" if ices as	RFP #00-48C				
2	Form 470 Application Number:					34000029662	0	16 E	escribed in instruction Billing Account Ni e.g. billed telephore	umber:	}	N/A			
								17 A				12/12/2000			
3	1	- Service Provider ification Number: 1430052					18 Contract Award Date (mm/dd/yyyy)					01/12/2001			
					•	. 10000217			ervice State Date (1	nm/dd/yyyy)		07/01/2001			
									Service End Date (mm/dd/yyyy) N/A						
4	Service Pro	vice Provider Name Graybar Ele					c		Contract Expiration Date 06/30/2002 (mm/dd/yyyy)						
1	<u> </u>	Description of this Service: You MUST attach a description of relevant brand names. Label this						tachment #, and	d note number in spa	ce provided be		nt# <u>USFATCH01</u>			
2	Entity/Entities Receiving this Service: a. If the service is site-specific (Number of the entity from Bl						ovided to one site and not shared by others), list the Entity k 4 receiving this service.								
				1	the service is sh g. A-1)	ared by all enti	ties on a Block 4	worksheet, list	the worksheet numb	ег:					
3	Calculatio	ns		1,											
	·	Recu	rring C	harges			Non-Recurring Charges				Total Char	Total Charges			
	A	В	(2	D	E	F	G	Н	I	J	К			
(total	nly \$ charges I amount for service)	How much of the \$ amount in (A) is ineligible?	\$ amount in (A) pre-dis is ineligible? amo		\$ amount in (A) pre-discou		# of months service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	nt pre-discount \$ year pre amount for one-time charges (F minus G)		unt (from Block worksheet)	Request (I x J)	
	0	0	0		0	0	15,000	0	15,000	15,000	80%	\$12,000			

	(int													
Bille	ed Enury A	pplicant #: 13	1976			Applicant's Form Identifier: DMPS4710101								
Con	tact Person	Greg Dav	vis			Phone Number: 515-242-7773								
BLO	OCK 5: Di	scount Fundin	g Request(s				Pag	ge 186 of 319						
Instr num	uctions: Use per the comp	one Block 5 pag pleted pages to as	ge for EACH sure that they	ervice (Funding are all processed	Request Numb	ber) for which y	you are reque	sting discounts. Ma	ake as many copie	es of this page	as necessary, and			
FRI	N #				(to be	assigned by	y administi	rator)						
11	and the control of the category should be effected)					onnections		Contract Number (if "T" if tariffed service month-to-month servi described in instruction	, "MTM" if ces as	RFP #00-48C				
12	- Ppication Hamber				34000029662()	16	Billing Account Number: (e.g. billed telephone number)			/A			
								Allowable Vendor So Contract Date: (mm		12/12/2000				
13	7.1				143005247	13005247		Contract Award Dat (mm/dd/yyyy)		01/12/2001				
				ı				Service State Date (m Service End Date (m		07/01/2001 N/A				
14	Service Provider Name			Gr	2	20	Contract Expiration (mm/dd/yyyy)		06/30/2002					
21	Descriptio	n of this Service:		ou MUST attach a description of the service, including breakdown of components and costs, plus any elevant brand names. Label this description with an Attachment #, and note number in space provided below.						w. Attachment # <u>USFATCH0103</u>				
22	Entity/Ent Service:	Entity/Entities Receiving this Service: a. If the service is site-specific Number of the entity from B					service.							
23	Calculatio	ne .	b.	If the service is s (e.g. A-1)	hared by all enti	ties on a Block 4	worksheet, list	t the worksheet number	er:					
23	Calculatio													
		—·—	rring Charg			Non-Recurring Charges		Total Charge						
A B C D H					E	F	G	Н	I	J	K			
Monthly \$ charges (total amount for service)		How much of the \$ amount in (A) is ineligible?	Eligible montl pre-discoun amount (A minus B	service provided in program year	Annual pre- discount for eligible recurring charges (C x D)	Annual non- recurring (one time) \$ charges	How much of the \$ amount in (F) is ineligible?	pre-discount \$ amount for one- time charges (F minus G)	Total program year pre-discount \$ amount (E & H)	% discount (from Block 4 worksheet)	Funding Commitment \$ Request (I x J)			
	0	0	0	0	0	15,000	0	15,000	15,000	60%	\$9,000			